MARTLAND STATE DEPARTMENT OF HEALTH

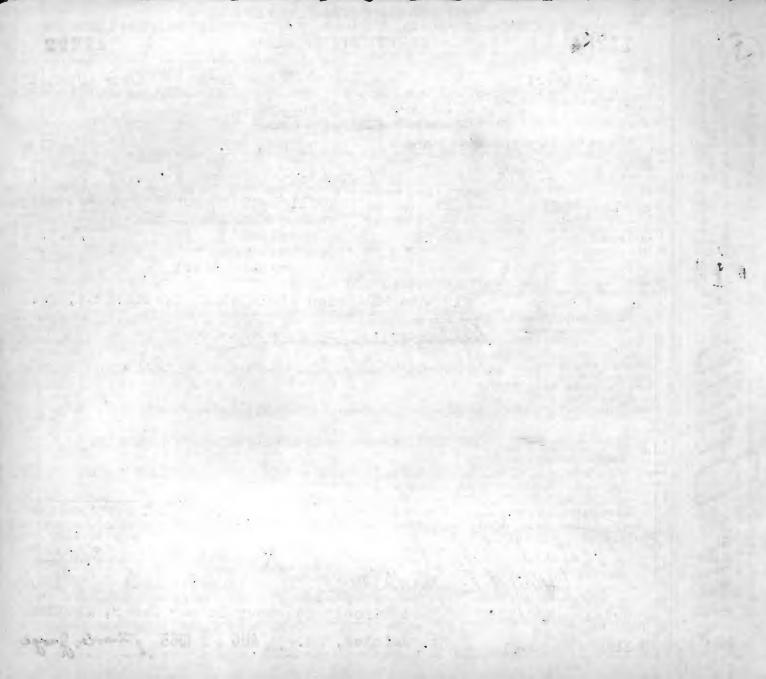
LET EL PRINCIPAL DE LA PRINCIP As lower work and a state of the state of th Near teach account -01.05 .vv Bunkley and Parkland A Devile Tentary released to the Manager of the Control of the Con

TO FUNERAL DIRECTOR: After this certificate has been signed by the arrending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit pertrit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11284

_	1100			OFKILLI	MII	OF DEATH			-l	IRY	No.
1.	PLACE OF DEAT	Н				2. USUAL RESIDENC	E (Where deci	eased lived, If in:	titution: Ro	esidence be	fore admissio
		Calvert		MARYL	ARID	a. STATE	vland	p. cour	nne	Arun	Cab
_	b. CITY OR TOW	N (If outside corporate	limits,	C. LENGTH OF STAY		c. CITY OR TOWN (If	11				
	Owines	and give nearest town)		4 vrs		Churchte					
	d. NAME OF HO	SPITAL OR INSTITUTION	(if not in he	0	dress	d. STREET ADDRESS	O 11			e. 13	SRESIDENC
		's Nursing		Home		Owings,	Md.				N A FARM?
3.	NAME OF DECEASED	/-/ First		Middle	7	Last	4. DATE	Mont	1	Day	Year
	(Type or print)	E1516			an	hbell	OF DEATH	Mug	ust	6	1968
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years	IF UNDER		
1	Female	White	WIDOWED	DIVORCED		10/11/187	7 9	lest birthday)	Months	Days H	ours Min
1D	a. USUAL OCCUPAT	IDN (Give kind of work dor Ing life, even If retired)	e 1Db. Ki	IND OF BUSINESS OR		11. BIRTHPLACE (Co	unty & State,) 12. CI	TIZEN OF	WHAT
uu	Housewi			VDUSTRY VONE		Maryland	1		100	UNTRY?	A.
13	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME	*	1		
	Grofto	n Suit				Martha	a Sec	tt			
	. WAS DECEASED	EVER IN U.S. ARMED FORC		SOCIAL SECURITY NO.	1 17.	INFORMANT		Addres	SS 22		
(Y	N. 10.	(If yes give war or dates of se		7 48 3460		len Vikin	rstad	Hyatt		le.	Md.
=	1 19 CHUCE OF	DEATH [Enter only one c	Andre depth			TOIL VEIDER	30000	440 000			
		ATH WAS CAUSED BY:	ause per it	ne for (a), (b), and (c).		: 41.				ONSET	IL BETWEE! AND DEATH
	42	IMMEDIATE CAUSE (a)	Trep	wrozever	rea	ana w	rema	-		-Use	un
	403)	DUE TO	1. 1.	. 1.1 .		91 1.	*	1 /11:1		1	
	Conditions, if		arte	rus 4 Bluvotic	me	Wit sacily	ner	of Kagu	way	V y	COUNT
	cause (a), si					1		/	-	1	
_	underlying caus									-	
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN	PART 1(a)	19. W/	REFORMED?
CA	446X									YES [NO
TIL	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	r occu	RRED. (Enter nature of	injury in Par	rt I or Part II o	f Item 18.)		
133	(IF EITHER, NO	NG CAUSE OF DEATH	0								
CAL	20c. TIME OF	INJURY Month, Day, Yea	ar 20d. II	NJURY OCCURRED 20		E OF INJURY (Home, fa		City or town)	(Cour	nty)	(State)
MEDICAL	Hour a.r	•••	While at work	Not While	factor	y, street, office bidg., et	(c.)	1			
Z	p.1					1967	1	610,6	10/2	P. shad	0\ (\ l=
		y that (1) (this hospita	ii) attende			1906,19		7			(I) (we) la
1	saw, the ge	ceased alive on	22 1	1900 an	d that	death occurred at	M, Iro	m the causes		ie date si	
	228. 314191101	11/1 / 2	To V	-		ATTENDING A	MED	STAFF -	220. DF	/ I I	1000
	22c. PHYSICIA	cuara /	M	White,	M.D.	PHYS. IZ I	DIRECTOR	PHYS.	0	161	68.
	NAME (T)		/ I	Smith.	MA	22G. AUSTESS	Samo	du Si	6	1 No	andre
6.0	PUDIO ACCU	VUIII G	2000	JUNIUN I	11		Julia	4 010	Jan 1	1 7	CLAST CO.
23	REMOVAL (Sp	clfy)				OR CREMATORY		CATION (City, to			(State)
-	Buria.	18/8/196	58	ADDRESS	1001	n Cemeter	01	mar Mat			
24					02	4.1	JG i 2	TRAR 25b. R		SIGNATU	INE
	Mollowi	a Tunona 7	00	Mt. Raini	OL .	Md. A	0016	DOC A	- Con	TAN Y	7550

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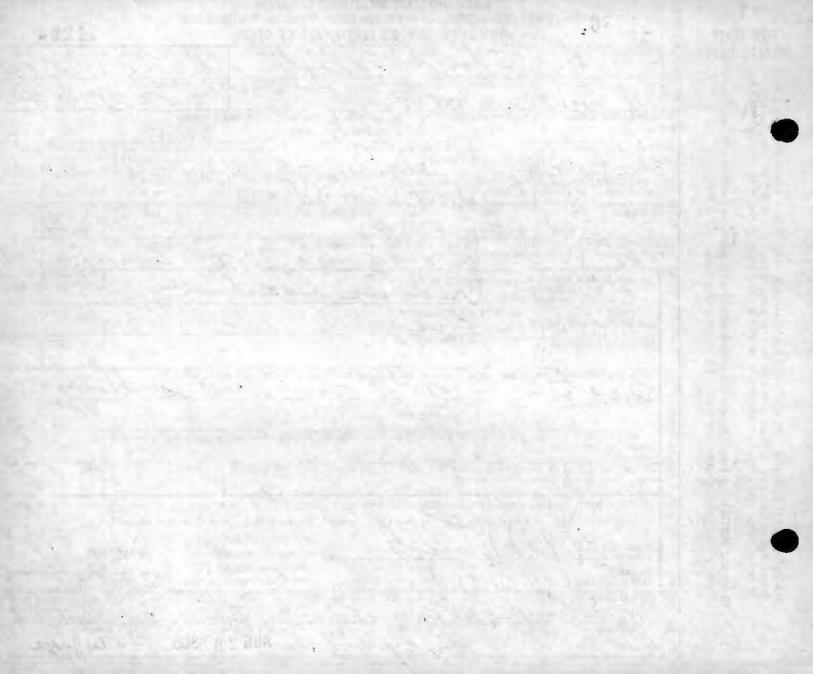


1					D STATE DEPARTME				
		11285	DIVISION OF	· ·	301 W. PRESTON STRE ERTIFICATE OF E	•	IARYLAND 21201	1129	
	1 00	CEASED-NAME Fin	-4	Middle	last		OF DEATH	LIAE	2b. HOUR
		and or print!	ra	1-11-44-70			Month Day	y Year	
	3. SE		4. RACE	Bertha	Dederer Is, DATE OF BIR	Aug		1968	IF UNDER 24 HRS.
	-			la a			6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
ı	_	Female	Whit		1-20		67 YRS.		
	raun	IRTHPLACE (State or fareign	7b. CITIZEN OF WI		8. MARRIED NEVER MARR				
		Maryland	U.S.A.		WIDOWED DIVORC		lvert	Tea mue as a	Md
9		ince Freder	ick C	street address)	TITUTION (If not in hospital	during most of work	ON (Kind of work done ng life, even if retired.)	12b. KIND OF E	YOZINEZZ OK
0	13a.	USUAL RESIDENCE (Where dece	ased lived, if institut	ian: Residence befare	13c. CITY OR TOWN	Bd. INSIDE CITY LIMITS? 13e.	STREET AND NUMBER		
	dami	ssian) Maryland	JAS COUNTY 1	Mary's	Tall Timber	YES NO NO			
	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAI		Middle		Last
		Albert	C.	Goetze	Ma	arie		Nienst	edt
		WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY I	IO. 17. INFORMANT		Address		
		es, na, ar unknawn) (** 1923 914	e was or acres or sail study	213-10-5	000-B Georg	ge F. Ded	erer, Tall		rs. M
		18. CAUSE OF DEATH (Enter	anly ane cause per li	ne far (o), (b), and (c).	1 -/	7 -		APPROXIM	IATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	Lever	Lack	cue + v	aundir e	22	eorell.
		153.8		AS A CONSEQUENCE OF	0 -	a	~		· ·
		Canditions, if any, which gav	e) (b)	Mela	statie	Caca	Monda	19	167
		rise to immediate cause (a stating the underlying caus		AS A CONSEQUENCE OF		. /		10	
		kist.	(c)	Cacan	coma 1	1000	2	196	5
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION G	IVEN IN PART 1(a)		
	z	1538			1				
,	CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WH	IICH OPERATION WAS PE	REFORMED 20a. AUTOP:		. IF YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
X	TIFIC				YES 🗆	NO CAE	ISES OF DEATH?		
		21a. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCU	JRRED (Enter nature of	injury in Part 1 ar Part 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF D		Manth Day Year					
	MEL	21d. INJURY OCCURRED 2			TORY.) 21f. LOCATION Street	ar R.F.D. Na.	City or Town	County	State
		While Nat while at work		COTTLE BUILDING, ETC.			-1-		
		22a. I certify that (1) (this haspital) att	ended the degease	ed from 1966	, 19, ta_	75 ,18	67, that	
		saw the deceased	alive an Cu	1/11/2/3	9 Cond that in (my) (s er) apinian deat	h accurred an the de	afe and havr o	and fram the
Ŋ	0	causes stated abo	ve, (1) (we) (mil)	(de nat) view the	bady after death.		Lan	nave of our	-
		22b. SIGNATURE	* 100 A	15	ATTENDING	MED. DIRECTOR [STAFF	DATE SIGNED	-
		no L private de la Companya de la Co	4/	MM	DEGREE PHYS. 22e. ADDR		→ PHYS. →	170	8
1		22d. PHYSICIAN'S NAME (Type) Page	C. Jetz	M.D.			ederick, N	larvlan	d
	22.		b. DATE		CEMETERY OR CREMATORY		ATION (City or Town)	(County)	(State)
	230.		8/7/68,		EL CEMETERY	230. 100	BALTIMORE.		
	04	EUNERAL DIRECTURA		ADDRESS		2Sg. REC'D BY REGISTRA			D
3		81/11/11/11/11	- LEUNAR				968 gclia	when Jud	ge.
1		DOLLN IL METICU	- LEUNAR	DIOMIN' LIM.		DVILLIA O	7		

A CONTRACTOR OF THE PROPERTY O And the second s All messel though the dead the later to be a west odd! in the state of th Alberta J. Gootage Land Land State Company of the C ter (final) paper mars and in-AUGUSTA A STATE OF THE STATE OF 100 SEB Thinky July .

	11286 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11294
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print)
oy is 3 to Poge ent of	DEATH MATED 18 2 1988 8 MM
deloy	3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day Year Day 1 Yea
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	70. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
for for	" 11/d. 4.5.A. WIDOWED DIVOKED Calver Md.
ve Pages g with for the Stote	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital dying most of working life even if retired.) INDUSTRY 9. []
inve di	Trince Traderick (after lowny hours Waterman Waterman
s ofter 18. Giv along with death.	AND COUNTY A LINE COUNTY
Mr ds CM	13. COUNT CALVENT Branco John YES NO 14. FATHER'S NAME First Middle Lost I.S. MOTHER'S MAIDEN NAME First Middle Lost
	David 1. than Ellis 4
hin 24 ncil in piner s pages hoors	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17, INFORMANT, ADDRESS ADDRESS
d be executed within 24 d'pending" in pencil in Chief Medicol Examiners transit permit. File loges y event within 72 hours	(Yes, no. or junknown) It yes give wor or dotes of service) 216-18-5665 Noble & Ilioth Broomes 15 kind, Ma.
d with per Exam Exam File in 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
be executed "pending" in nief Medicol E nosit permit. Fevent within.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiac & Allie
e execu pending of Medic sit perm	DUE TO, OR AS A CONSEQUENCE OF
"pe "pe inef inef eve	Conditions, if ony, which gove (b) (b)
word word the Ch riol-tra	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
2 2 = = = =	lost 794x (c)
tate of the ed to so b	PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY (6)
certificate writing th provorded to	& Groupe & Hospila and ared breakens
is certificate sharing the forworded to be used as a burner or it removal, and it	196. DATE OF OPERATION 196. COMPITION FOR WHICH OPERATION 197. PERFORMED? 20. AND PSY? YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part) or Part 2, Item 18.)
E 0 9 7	YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
P PIC o	FRIMARY OR CONTRIBUTING HOUR AM.
INER e ce shot files 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
EXAMINER: cute the certificate oge 4 should your files. Poge 3 should tremation, cremation,	WHILE NOT WHILE AT WORK AT WORK AT WORK
5 5 0 6	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
4 % 5 7 9 5	deoth resulted from: Notutol causes Accident , Suicide , Homicide , Undetermined monner
please e please e I director retained L DIRECT	CHIEF MEDICAL EXAMINER
y, ple rrol di rrol di AL Di prior	ACTUAL ACTUAL ACTUAL PARMINED 22h DATE SIGNED
ory, ory, be ERA	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 1 1 5 8 1 1 5 8
ro DEPUTY necessory, the funerol 5 may be ro FUNERAL Health pri	NAME (Type) H. W. Nard M.D. ADDRESS (Street, city, town, or county) Owings Md.
10 mg H 20 H 2	230. BURIAL, CREMATION, REMOVAL (Specifie) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
2	Burial Mug. 24, 1968 preomes + sland len. Brownes + sland Calcert Mg
Marie of the	24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 1 10M REV. 1/68	(i.a. Harkness + Don for Republic, Med DATE AUG 2 6 1968 yellarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH



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		MARTIAND STATE DEPARTMENT OF HEALTH
TOD STATE		11288 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DI (1	ECEASED-NAME First . Middle Lost Cost 20 DATE KNOWN Mooth Day Year 26 HOUR
S 5 9 9 5		TYGINCS TO THE DEATH MATED 19 M
delay is and 3 to 3. Page	3 SE	A COLLECT HONDING DAYS HOURS MIN N AL AL COLLECTION OF THE PROPERTY OF THE PRO
7 5		THE TELESTICATION OF THE STATE
AT EL S	70 8	SIRTHPLACE (State of 175 on 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		### 10. 11) ## WIDOWED DIVORCED Calvert. Md.
Pag Hitter	179	TY OR TOWN OF DEATH 11 JAME OF HOSPITAL OR AST. TUDON (If not in hospita 12 Wat OSC PAT.ON (King) I work dane 12b KIND OF BUSINESS OR during most of working life feven if retired) 1ND SEND 1
Give Pages ong with To th the State		The state of the s
of will	13a a	USUAL RESIDENCE (Where degeosed lived, if instituted Residence before the CIV OR TOWN 134 NOT CIV AM 159 136. STREET AND NUMBER 13b COUNTY COU
24 haurs a in Item 18. r's Office al es land 2 w	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
off in a		(reorge A. Hendever Nora Travers
hin 24 nal in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 AND TORMANT MADDRESS
within i pencil Examine File page 72 hau	(¥	es, no, or unknown) (Hyes give war or dates of service) 214-05-1477/18 FA HERICESON
d with the Exar Exar File n 72		IR CAUSE OF DEATH (Enter only one course persons for (a) (h) and (c)).
executed nding" i Medica, permit. it within		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DIabetos Cardiac Jailura
executed anding" in Medica, E t permit. F		509 DUE TO, OR AS A CONSEQUENCE OF
pe p		Conditions, if only, which gove
		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF
shaud be e ward 'per the Chief the Crief urial-transit in any ever		$\frac{\log L}{2} > \frac{\log L}{2} > 1$
This certificate shauld be executed icate, writing the ward 'pending' in be farwarded to the Chief Medica, E. d be used as a burial-transit permit. F ar remayal, and in any event within		PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMONAL DISEASE OR CONDITION OF THE TERMO
ing rdec	22	Lead AN arrivalat Hostilal
certii writ arwai used imava	ATIO	198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2D AUTOPSY?
h,s cate, e fall	CERTIFICATION	WAS PERFORMED?
		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Port 2, Item 18.) PRIMARY TOR CONTRIBUTING THOUR A.M.
INER: The certification is should be false. 3 should institute or inst	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19
E 3 ± ± ± € E	ME	21d INJURY OCCURRED 2 e. PLACE OF N. JRY (At hame, farm, street 21t LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.)
lease execute the cert d rectar Page 4 shaul stained far your files. DIRECTOR: Page 3 shau r ta burial, crematian		WHILE NOT WHILE TOCTORY, OFFICE BUILDING, etc.)
ICAL EXA s execute tor Page ed for you CTOR: Pag burral, cre		22a. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🔲, Inquiry 🔲, and in my apin an
ICAL Bexe tar F tar F ed fo CTOR		death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner
please e l d rector retained. DIRECT or ta bu		CHIEF MEDICAL EXAMINER
A La		SIGNATURE AT WWard MD ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED //
DEPUTY stessary, R e funeral may be r FUNERAL south prid		EXAMINER'S DEPUTY MEDICAL EXAMINER 4/3/80
ro DEPUTY necessary, It the funeral 5 may be r To FUNERAL Hearth price		NAME (Type) H. W. Ward, M.D. ADDRESS (Street city, town, or county) Ocurnos
5 5 ± 2 5 ±	230	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVA (Specify) Aug 8 1968 St. Mary's Cemetery Annapolis.
		OKETHE VICE
VR A15ME (5)	24.	FUNERAL D RECTOR ADDRESS ANNA POLIS DATE AUG 9 1968 REGISTRAR 1968
10W SEA 1/98	B	EALL FLINERAL HOME 1212 WEST ST. MI DATE AUG 3 1000



-1	11289	DIVISION OF V	ITAL RECORDS, 30)1 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21	201
	11500		CE	RTIFICATE OF DEATH		297
1.	DECEASED NAME (Type or pant)	LI ZZIE	Middle	1-10R70N	2a. DATE OF DEATH	Pay 1299/ 25 HOUR
3.	Fema	Po A RACE DE	Bred	S. DATE OF BIRTH	882 6. AGE (in your bentiled)	BOTS IF UNDER 1 YEAR IF UNDER 24 HRS.
	a. BIRTHPLACE (State or fare ountry)	gn/ 7b, CITIZEN OF WHAT	A	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	veit m
- 11	OSMORTOWN OF DEATH			UTION (If nat in hospital 12a USI	UAL OCCUPATION (Kind of wor host of working life, even if	
. 0	da USJAL RESODENCE (Where dmission) STATE	eceased lived; if instity and	Residente befare	1/	13e STREET AND NUM	BER 305 arundal &
1	FATHER'S NAME STIST	Middle	last	15. JOTHER'S MAIDEN NAME	First M	iddle Last
	od WAS DIEFASED EVER IN 1 Yes, no, or Janawai	U.S. ARMED FORCES? (yes give war or deles of service)	bb. SOCIAL SECURITY NO.	Chie Box	and the same of th	3d 305 arunla
	PART I DEATH WAS	Enter anly ane cause per une CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c))	v ke silanal?	nakursn	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	79 4 X Canditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	or moderi G	Dulli	
	rise to immediate caustaing the underlying last.		A CONSEQUENCE OF	ita. Hip		
	1 WILL Y	ANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)
X	19a. DATE OF OPERATION 21a ACCIDENT WAS UN	196 CONDITION FOR WHICH	OPERATION WAS PERFO	PRMED 20a. AUTOPSY? YES NO	CALISES OF DEATHS	NDINGS CONSIDERED IN CERTIFYING
	21a ACCIDENT WAS UN OR CONTR BUTING CAU (If either, natify medica	SE OF DEATH HOUR A.M.	WURY Manth Day Year 19	21c. HOW INJURY OCCURRED (Eni	er nature of injury in Part 1 ar	Part 2, Item 18.)
	While Not while at work			Y.) 21f LOCATION Street at R.F.D. N	d*-	County State
	22a. I certify that saw the deced causes stated	(I) (this haspital) attenused alive an abave, (I) (we) (did) (d	ded the deceased 19 id nat) view the ba	fram	inian death accurred on	the date and haur and fram th
ı	22b. SIGNATURE	Bon E.	outh-0		MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED
!	22d. PHYSICIAN'S NAME (Type)	DAMALO		22e. ADDRESS	UT 20-	
8	3a BUNAL, CREMATION, REMOVAL (Specify)	8/20/68	Carry	METERY OR CREMATORY EN Memoria	230 LOCATION (City of To	Balto. Mil.
1	4. FUNERAL DIRECTORY AS	TI AL	ADDRESS /Na Po	S M D DATE	BY REGISTRAS 1968 REG	Marrachas Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



., 1		MAKTLAND STATE DEPARTMENT OF HEALTH	1.000
FORCTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 198
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME FOR THE TOTAL PROPERTY OF THE PROPERTY	- 1-2
HEAETH DEPT.	1. (Type or Print) The OF EST. A. G.	loy Yeor 26 HOUR
EM 1	2.6	DEATH MATER \	J BB AS M
	3 S	TRACE S DATE OF BIRTH S AVET WOOT FUNDER 1 YEAR FUNDER 24 MRS. 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTHS DOYS	Year / 2d HOUR
P. Cort		72-17-124X VRS.	197 M
ny delay 1, 2, ard 5 m PM: E	COUR	BIRTHPLACE (State or fareign 76 CIT ZEW OF WHAT COUNTRY? 8. MARRIED DIVEYER MARRIED 9 COUNTY OF DIATH	
for for other	10.7	WIDOWED DIVORCED DIVORCED TO NOTION (Kind of work done)	2b. KIND OF BUSINESS OR
Give Pages 1, png with farm the State De oth.	1		Douglas Grander Grande
offer of the with 1 with 1	130	USUAL RES DENCE MINDE ACCESSED INVENT IF INSTITUTION: Residence before 13c PTY OR TOWN 13d INSIDE CTY LM. 157 2 13e. STREET AND NUMBER	
s offee to open	٥	drission) STATE / 136 (OUNT OWER James YES NO) Lyon Un	Emue
hours after Fem 18 Giv Office olong Tand-2 with 11 after death.	14	ATHER'S NAME / First Middle lost IS MOTHER'S MADEN NAME AUST Middle	Lost
		WILLIAM H DENKING ANNIE DUPIN	
		WASDECLASED EVER IN S ARMED FORCES? 16b SOCIAL SECURITY NO 17 (NFORMANT 4 CADDRESS (SOCIAL SECURITY NO 17 (NFO	
w thin pencil Exomine File pog	,	11 yes give wor of dottes of service) 213.09-7978 (1505Fe/) C-PKPJ KS	
Pin Find	Γ΄	18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E ansit permit. Fevent within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	
ex end it p		DUE TO, OR AS A CONSEQUENCE OF	
id be e rd "per Chief I transit		Conditions, if any, which gave a rise to immediate couse (a).	
should e word o the Ch ouriol fre		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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athe so the so b		PARTY OTHER SIGNIELANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica riting rarde rarde val. o	NO	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	20 AUTOPSY?
This certificate cate, writing the forwarded to be used os or removal, and	IS	196. DATE OF OPERATION 196 (ONDIT ON FOR WHICH OPERATION WAS PERFORMED?	1
This ficate be for re	CERTIFICATION	210 EXTERNAY CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW UNLURY OCCURRED (Enter nature of layers in Port 1 or Port 2, Herr	YES NO
INER: 1 e certific should t files. 3 should ot on, o		PRIMARY OR CONTRIBUTING HOUR AM - DV. Ch 5/10 2 +/21	-4 -4 /
NER Shoul files. Sho	MEDICAL	CAUSE OF DEATH P.M. PM. 9 3 2018 STORED 210 Phace OF NJJRY (At home form, street 21f L9CATION Street or RFD No / City or Town /	County/) / Stote /
₹ # # # 9 🖺 🖊		WHILE ANOTE AT MORK AT MORK TO THE BUIlding, etc.)	4 alsert
ICAL EXA Presente Province Province CTOR: Prog CTOR: Prog Full of the province Fu		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my opinion
Ed La C		death resulted from Notural causes [7] Accident Suicide [7], Homicide [7], Undetermined manner [7]	7
Pirec From to to		CHIEF MEDICAL EXAMINER	
77. 77. pleose erol director to prior to	1	ACTUAL SIGNATURE / M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SI	ENED / /
Sory Sory be TER.		EXAMINER'S DEPUTY MEDICAL EXAMINER	24/18
TO DEPUTY SICA necessory, please e. the funerol director. S may be retained TO FUNERAL DIRECTOR Health prior to but S		NAME (Type) ADDRESS(Street, city, town, or county)	0100
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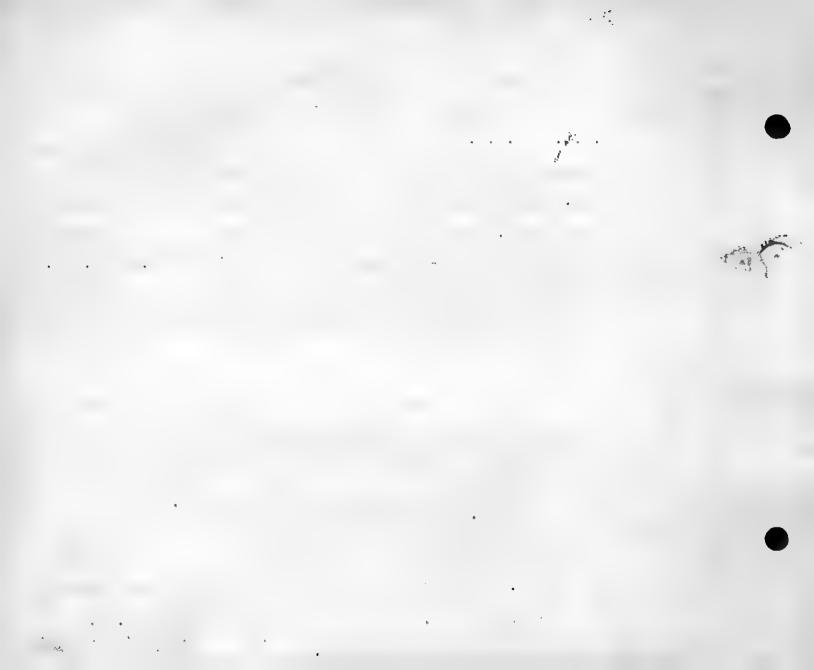
MAKTLAND STATE DEPAKTMENT OF MEALTH



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		11292 DIVISION	N OF VITAL RECORDS,			E, MAKTLAND 21201	1130	0
				ERTIFICATE OF				
		CEASED-NAME First ype or print) 1 0 0 0 1	Middle	Lost		DATE OF DEATH Month 1 Day	Your	2b. HOUR
	L'.	ype or print) HARRY		LONGL	EY AL	SOUST Month of Day	1968ear	2名M
	3. SE			S. DATE OF BI		6. AGE (In years last birthday)	IF UNDER † YEAR MONTHS DAYS	HOURS MAN
	5	nale ca	UCASIAN	7-1	7-77	C) YRS.	WOMINS DW17	HODICS WIN
			OF WHAT COUNTRY?	8 MARRIED NEVER MAR		NTY OF DEATH		
	cour	""MARYLAND U	5A		KCFD 🔲 C	CALVERT		Md.
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street oddress) CALVERT HO	TITUTION (If not in hospital	120 USUAL OCCU	PAT ON (Kind of work done	12b. KIND OF B	USINESS OR
	100	INCE FREDERICK	CALVERT HO	USE CORP.	during most of w	PRODUCTS	SALES	MAN
	130	IIS IA DESIDENCE (Whora document lived of	institution: Residence before	13c CITY OR TOWN	taa ins de city limits? /	13e. STREET AND NUMBER		- Full Literature
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1 .			ddle Lost	IS MOTHER'S MA	AIDEN NAME First	Middle		Lost
	1	BENJAMIN	LONGLEY	1	CAROLYN	VR	SCHI	RLE
	160	WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY N	IO 17. INFORMANT	1/1	802 BAYAGREST	GE HUI	E ,
		es, na, or unknawn) (If yes give war or dates of se	216-09-09	136 EhizABET	H KELLY	ANNAPOLIS	MD. 21	403
		IB. CAUSE OF DEATH (Enter on y one cause	per line for (a), (b), and (c).)		/	7 7	APPROX NJ BETWEEN ON	ATÉ INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Pulmon	ary well	mug.			
		15 2 1 1 1	O, OR AS A CONSEQUENCE OF		/ /	3 3		
		Canditions, if ony, which gave)	at	1 af obeset	i Genit	Des.		
		rise to Immediate couse (a), DUE To	O, OR AS A CONSEQUENCE OF		(
		lost.	(c)					
		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	L DISEASE OR COND.T.C	ON GIVEN IN PART 1(o)		
	=	43						
	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION F	OR WHICH OPERATION WAS PER	REFORMED 200. AUTO	PSY?	206. IF YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
X	199			YES 🔲	NO 🔲	CAUSES OF DEATH?		
			TIME OF INJURY	21c. HOW INJURY OCC	URRED (Enter noture	of injury in Port 1 or Port 2,	item 18.)	
	MEDICAL	or contributing Cause of DEATH HOUS	R A.M. Month Doy Year P.M. 19					
	ME	214 BUILDY OCCUPATE TOTA BLACE OF IL		TORY,) 21F LOCATION Stree	et or R.F.D. Na	City or Town	County	State
		While Not while at wark	CHARLE BUILDING, D.C.	1				
		220. I certify that (I) (this haspita	l) attended the decease	d fram		to, 19.	, that ((I) (we) last
		saw the deceased alive on causes stated above, (1) (we)	1	9, and that in (m	y) (our) opinion d	leoth occurred on the do	ite and hour o	nd from the
			(aid) (did nat) view the l	bady after death.			DAYR CLOSER	
		22b Signature		DEGREE PHYS	NG MED.	STAFF ZZC.	DATE SIGNED B-7-68	i
		CAPULLY C	my			PHYS LJ 7	5-1-61	3
1		22d. PHYSICIAN'S NAME (Type)	/	72e. AUD	RESS PINCE F	REDERICK	MA	
	-	DUDAN COCINTION DOLL BATT	I co Marie es				1111	15
)	730	BURIAL (REMATION, 23b. DATE SEMOVAL Specify) 8-10-6		CEMETERY OR CREMATORY	23d B/J	LOCATION (City or Town)	(County)	(State)
M	24	FUNERAL DIRECTOR A A	ADDRESS	COLIU	2So. REC'D BY REGIS	ADEUSBURG STRAR 25b. REGISTRAR'S	SIGNATURE	172
13	17	0 m + 4 /	/ MOUNTS	· mal			SIGMMIUKE	
		my M. Voylort Acres	muggale	11100	DATE AUG	1968 VCL	Carle L	

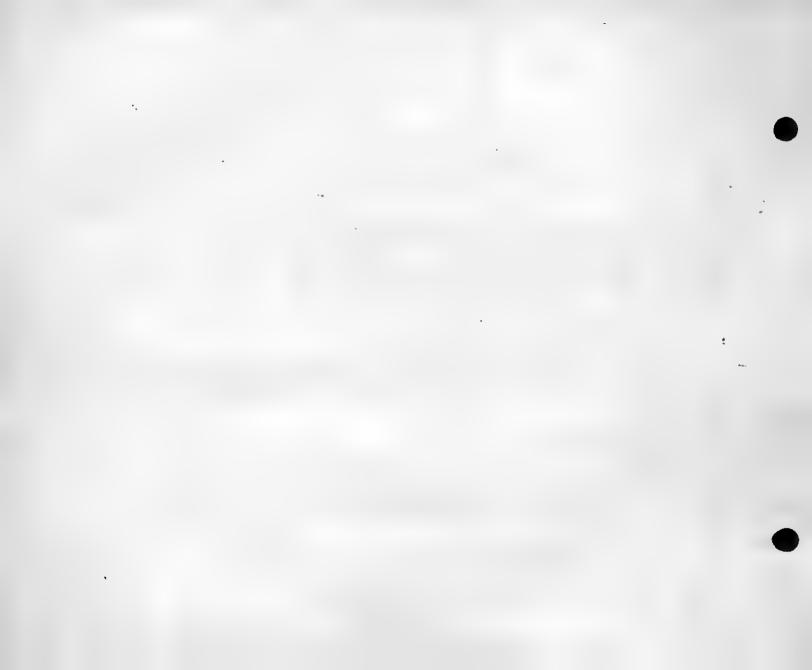


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1	11293	F VITAL RECORDS, 301 W.		KE, MAKTLAND 21201	11301
	1 1 2 2 3	CERTIFI	CATE OF DEATH		2 2 3 0 2.
eath.	DECEASED-NAME First	Middle	Last 20	. DATE OF DEATH	2b. HOUR
ed th	(Type or print) Richard	Henry M	ullout	August L.	1968 8:34
3.	SEX 4. RACE		5 DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
7	Male Neg	ra	11-12-97	6 AGE (In years last birthday YRS.	ONTHS DAYS HOURS NHN,
7				OUNTY OF DEATH	
0	antal - "	HARRIE	THE WEATH WINGER	Calvert	
	Maryland U.S.		the state of the s		Md.
4	CITY OR TOWN OF DEATH	NAME OF HOSPITAL OR INSTITUTION (If	not in hospital 120, USUAL OC	CUPATION (Kind of work done working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
1]	Prince Frederick	e street oddress) Calvert County	Hosp Farme	3 T	III.
	a. USciAt RESIDENCE (Where deceased lived if instit	tution Residence before 113c CITY O	IR TOWN 138 (NSIDE CITY LIMITS?	13e STREET AND NUMBER	
J 00	mission) STATE Maryland Ann	e Anundal Trac	ev's YES NO		
1	FATHER'S NAME First Middle		IS. MOTHER'S MAIDEN NAME First	Middle	Last
	Thomas	Mullen	Jenni		Cook
	6a. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO. Q 17	INFORMANT	Address	Md
	Yes, na, ar unknown) [If yes give war or dates of service]	212-14-86IM	ry Frances Wi	seman, Trace	ys Landing
-) - 1 - 0010 0 1 1 1 1 1 1 1 1 1 1 1 1 1	. Sometry II acc	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per	line for (o), (b), and (c)	-1 -1		BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	acule 1	lall Joec	Keur	
		R AS A CONSEQUENCE OF	/)		
- 1	Conditions, if any, which gave (b)		(
	stating the underlying cause DUE 10, Of	R AS A CONSEQUENCE OF			
	last. (c)_				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
	7/2/				
3	190 DATE OF OPERATION 196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
λ	2		YES NO	CAUSES OF DEATH?	
	196 DATE OF OPERATION 196. CONDITION FOR W	OF INJURY 21c I	HOW INJURY OCCURRED (Enter natu	re of injury in Port 1 or Port 2 Ite	m 18)
		Manth Day Year	The man occurre true and	av ar agary as point to the z, the	
	[If either, not fy medical examiner] P.M.	17	CONTROL CO. A. D. C. D.	<i>()</i> 7.	Court Court
1	21d. INJURY OCCURRED 21e. PLACE OF INJUR' While Not while	Y (AT HOME, FARM, STREET, FACTORY,) 21E.	LUCAPUN Street of K.F.D No	City or Town	County State
	at werk of work				
	220. I certify that (I) (this hospital) o	ttended the deceosed from	8=3 , 19 68	to 8-1, 19 (38, that (I) (we) lost
	sow the deceosed olive on	19	nd that in (my) (our) opinion	death occurred on the date	ond hour and from the
		a) (ora not) view the body offer	ueom.		
	226 SIGNATURE		ATTENDING MED	STAFF COL	TE SIGNED
	/ CX / Let	DEC DEC	GREE PHYS. DIRECT	OR LJ PHYS LJ (3-4-68
1	22d PHYSICIAN'S NAME (Type) CONTROL T	7 35 D	22e. ADDRESS		
1	a dedige of h	leems, M.D.		gtown, Maryla	
2	3a. BUHA., CREMATION, 23b DATE	23c NAME OF CEMETERY O	R CREMATORY 23c	LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) 8 -8-68				AcCo. Md
7620 2	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REC	GISTRAR 25b. REGISTRAR'S SI	GNATURE
150	Penjency F. Soeve	ll Truck Trea	I, MIA, DATE AUG	8 1968 yello	when younge
1124			The state of the s		



FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.0	DECEASED-NAME TO FIGHT Month Day Year 26 HOUR
~ Se Se Se Le la		(Type or Print) Contract form Kutter DEATH MATED 8 23 100 M
<u>₹₩</u>	3. S	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF JNDER 1 YEAR IF JNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2d HOUR
9 9		YRS 4
Depo		BIRTHPLACE (flots or for ago 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COONTY OF DIATH
fa fa		WIDOWED D VORCED WANTED TO TOWN OF BEATH WINNE OF MOSPITAL OR USTITUTED A finat in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
0 - 5 0 7 7	17	during mast of working life, even if retired) INDUSTRY
_ > 6 = ·	136.	1. USUAL RESIDENCE (Avning deceased lived, if institution Residence before the CITY ON TOWN 130 INSIDE CITY CHITS? 130 STREET AND NUMBER
0 8 8 3 9 1 1	0	admission) STATE Med 136. COUNTY (alvert allering YES IN NO E)
24. Haurs 1. Hear 1. Office 1. S. Tand 2.	14, 1	FATHER'S NAME First Ariddle Lost
nci n 14. nci n l niner n l pages 1	160	WAS BECEASED EVER A. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INSORMANT J ADDRESS
		WAS DECEASED EVER AS J. S. ARMED FORCES? (Yes, no print pown) (It yes give wor or do'es of service) 16 SOCIAL SECURITY NO. 17 INEQUIANT
d with the Exar Exar File in 72	-	IB CAUSE OF DEATH (Enter on y one cause per like for (a), (b), and (c).) If free one of the control of the cont
ld be executed in Trief Medical E. Chief Medical E. -transit permit F. ny event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ATKER REFERENCE CAUSE (b)
X P & C +		+ 6.5 X DUE TO, OR AS A CONSEQUENCE OF
d 'p d 'p Chief rans		Conditions, if any, which gave rise to immediate cause (a), (b)
wo wo		stating the Underlying cause DUE TO, OR AS A CONSEQUENCE OF
		PARK 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1707
	20	found dead in hed with three offer chulling
te, writing te, writing forward a local a remaval,	CERTIFICATIO	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
E to a a	ERTIF	YES NO NO
별뉴 즉 즉		PRIMARY OR CONTRIBUTING HOUR A.M.
CAMINER: te the certifie 4 shauld four files. age 3 shoul crematian,	MEDICAL	21d INJURY OCCURRED 2 e PLACE OF INJURY (At home form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
EXAMINER: ute the cert age 4 shaul your files. Page 3 shou		WHILE AT WORK AT WORK AT WORK AT WORK
FCAL Estator Page ed for CTOR: Puriol,		22a. I certify that I taak charge, of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my apinion
		death resulted frags. Natural causes
TY SIC		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIGNED
MAIN Pro		SIGNATURE ACCOUNTS AFFORD FOR A STATE OF THE
		NAME (Type) DEFUTE MEDICAL EXAMINER ADDRESS(Street, city, lown, or county)
ad Edition		
10 DEPUTY necessary, the funers 5 may be TO FUNERA Health pr	230	a BUNCT (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town) (County) (State)
TO DE THE THE TO TO FULL Health	L	REMOVAL (Specify) 8-24-68 Carrolls Chi Celli Barston - Cal Md
TO DE The f S mo TO FUI Healt	L	REMOVAL (Specify)

MARTLAND STATE DEPARTMENT OF HEALTH



. 1	1	11297 purision of) SIAIE DEPAKIMEN		HADVIAND 21201		
		DIVISION OF	-	301 W. PRESTON STREE ERTIFICATE OF DI	•	MARTLAND 21201	11305	,
ŧ		CEASED-NAME First	Middle	fosi		E OF DEATH	. Vans	2b. HOUR
	<u>_</u>	KARALK LYDA	A LEE	WARNER		Month 20gy 8 29	7,80r 68	8a M
	3. 51			S. DATE OF BIRTH		6 AGE (In years last birthday)		UNDER 24 HRS. OURS JAIN.
		EMALE WHIT		1-17-7	7	91 YRS.		
	¢au	SIRTHPLACE (State or foreign 7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED WIDOWED ☐ DIVORCED	U	OF DEATH VERT COUNT	V	
	10	Md. U.S.A	NAME OF HOSPITAL OR INST	WIDOWED A DIVORCED		ION (Kind of work done	12b. KIND OF BUS	Md.
	P	R. FREDERICK,	CALVERT HO	USE	during most of worl	kinglite, even if retired.)	HOME	
2		USUAL RESIDENCE (Where deceased lived, if institutions) STATE 136 COUNTY		N.E.	INSIDE CITY LIMITS? 13	6. STREET AND NUMBER 7 BLOOMSBUY	27 60	
	14	ATHER S NAME First Middle	ANNE A.	ANNAPOLIS TE		Middle		Lost
ķ	1	EMORY GUES	+ /==	is married a married	MAR	✓	Y'il	10
	16a	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY N	D. 17. INFORMANT	17/47-	Address	XIII	7-
		es, ng loc unknown) (If yes give wor or dates at service)	213-03-2	2787 Madoly	n Rawlii	ngs Pr. Fr	rederic	
	Г	18. CAUSE OF DEATH (Enter only one couse per	line far (a), (b) and (c).)		7 / 5	1	APPROX MATE BETWEEN ONSET	INTERVAL AND DEATH
	П	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Occi	le beau	1 Jac	lure		
			AS A CONSEQUENCE OF					
	П	Canditions, if any, which gave to immediate couse (a), (b)	AC A CONTROLLENCE OF		V			
		stating the underlying cause DUE 10, OR	AS A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	ISEASE OR CONDITION	GIVEN IN PART 1(o)		
	_	1×14						
V	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR W	HICH OPERATION WAS PER		İca	b IF YES, WERE FINDINGS CO USES OF DEATH?	ONSIDERED IN CERTI	FYING
\wedge	E	210 ACCIDENT WAS UNDERLYING 216 TIME (Of Banks	YES	NO 🔄		1. 103	
	MEDICAL C	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M	Month Doy Year	ZIC. HOW INJURY OCCUR	KED (Enter noture of	injury in Part 1 or Part 2,	Item 16.)	
	層	21d INJURY OCCURRED 21e. PLACE OF INJURY		ORY.) 21f LOCATION Syeet of	r R.F.D. No.	City or Tawa	County	State
		While Nat while at wark at work		0/1//	Din	Stock		
		22a. I certify that (1) (this haspital) at		d fram. d. ////	2, 19 6, to	ith accurred on the da	60, that (1) (we) last
		saw the deceased alive an causes st ote d abave, (I) (we) (did] (did not) view the b	ady after death.	(our) opinion ded	irn accurred on the ad	ire and naur an	a fram the
		22b. SIGNATURE		ATTENDING	MED.	STAFF 22c	DATE SIGNED	0
		Molen	eer	DEGREE PHYS	DIRECTOR	PHYS C	8-29-6	0
1	L	22d. PHYSICIANS NAME (Type) WEEN	S	22e. ADDRES	ETREDER	LICK MD.		
	230	BURIAL (REMATION, 23b DATE REMOVAL (Sporty) 8-31-68	23c NAME OF C	EMETERY OR CREMATORY		(ATION (City or Town)	(Younty)	(State)
	24	SONERAL DIRECTOR //	ADDRESS	INNES	o. REC'D BY REGISTR	AR 25b, REGISTRAR'S	SIGNATURE	10-
be (16	My Motorday	Curenoli	Dan A	ATISEP 3	1968 VCL	/ /	
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4	11	299 DIVISI	ON OF VITAL	MARYLAND : RECORDS, 301	W. PRESTO	ARIMENI (OF HEALTH ALTIMORE.	I Maryla	ND 21201			
FOR STATE	المناف المشد	W 10 10		ICAL EXAM					21201	7	1307	
HEALTH DEPT.	1. DECEASED-N (Type or Pr		rst Y	Midd ETTA	lie	Lost WHELA		2	OF ESTI- DEATH MATED	Manth 8	Doy Year	2b. HOUR
deloy	3, SEX	4 RACE	5. DATE OF		6. AGE (In years	IF UNDER 1 YEA	IR IF UNDER	-	C. DATE PRONOUNCE	n nean	31 ,0	85 - 5 : 30 2d. HOUR
	Fema1	e White	11-2	9-10	last birthday) 57 yr	MONTHS DAY	S HOURS	MIN.	Month August	Doy 31	Yeor 168	5:=5:43
ny R	countral	E (State or fareign		WHAT COUNTRY?		ARRIED NEVER		9. COUN	TY OF DEATH			p
form form		irginia IWN OF DEATH	USA	Manage of Hochita		A-A	DIVORCED [(Calvert		T	Md.
death In Prince Pages 1, 2, with farm F	NI nundali	Desit	giv	NAME OF HOSPITA e street oddress) 9th &			during	mast of v	JPATION (Kind af w varking life, even i	retired.)	12b. KIND OF 8	JSINESS OR
L .= 0;	13a. USUAL R	SIDENCE (Where dece	ased lived, if ins	9th &	before 13c. CIT	Y OR TOWN	13d. INSIDE CITY	erk	Typist 38. STREET AND NU		US 60V	ernment
s after 18. Glan with earth	admission)	STAMaryland	13b COUNTY	Montgor		1. Spr.	YES X		12017 Ke		Rd.	
Office of the state of the stat	14. FATHER'S N		Mid		Lost	15. MOTHER'S	MAIDEN NAME	First		iddle		ost
		John	Н.	Hot			Ma	ry			Lotts	
thin 24 miner's miner's pages.	(Yes no, or o	(If yes g	D FORCES? Ive war or dates of service	16b. SOCIAL SEC		17. INFORMANT	1.41. 7	3.00	ADDR			
shauld be executed within 24 haus no word "pending" in pencil in Items to the Chief Medical Examiner's Office burial-transit permit. File pages Law in any event within 72 haurs after				579-12		John R.	. wne ia	n 120	017 Kerwo	od Ro	SII S	
shauld be executed word "pending" in the Chief Medical Eurid-transit permit. Fin any event within	IB. CAL	ISE OF DEATH (Enter) RT I. DEATH WAS CAU	SED BY:			etic ca	rdiovas	scula	r disease		BETWEEN ONS	ET AND DEATH
execundin Med Med nt w	4	127	DIATE CAUSE (a) DUE TO, (OR AS A CONSEQUE		0020 00	1410741	36010	2 420640			
be 'pe 'pe ansil		ns, if ony, which gove mmediate couse (a),										
vord ne C al-fr	stoting	the underlying cause		OR AS A CONSEQUE	NCE OF							
she v to the buri	lost.) (c)									
**AL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the word "pending" in pencil in pr. Page 4 should be forwarded to the Chief Medical Examiner's 1 far your files. **TOR: Page 3 should be used as a burial-transit permit. File pages urial, cremation, ar remaval, and in any event within 72 hours.	431	OTHER SIGNIFICANT COI	IDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED	TO THE TERMINA	AL DISEASE OR (CONDITION	GIVEN IN PART 1(0)			
verit arwo used mav	190. DAT	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOP			
This ficate, be for a rel	210 EVI	RNAL CAUSE WAS	1216 TIME	OF INJURY Month, D		OL HOME INTERP	OCCUPATION OF			2 . 2 .		X NO 🗆
INER: This certificate ecrtificate, writing should be forwarder files. 3 should be used as action, ar removal, a	FRIMAR)	OR CONTRIBUTING			19	ZIC. HUYY INJUKT	OCEDKKED (EN	iter noture	of injury in Port 1	or Part 2, II	lem 18.)	
KAMINER: te the certi ge 4 shauld your files. age 3 shau crematian,	CAUSE O	RY OCCURRED 216	PLACE OF INJURY	(At home, form, s		21f. LOCATION Stre	eet or R.F.D. No.		City or Town		County	Stote
bical EXAMINER: se execute the certificator. Page 4 shaulfle and far your files. ECTOR: Page 3 shau	WHILE AT WORK	MOT WHILE	foctory, affice built	ding, etc.)								
ICAL EXA e execute for. Page ad far you CTOR: Page burial, cre	2:	2a. I certify that I	taak charge a	f the remains de	escribed abay	e, held an Au	utaps XX ,	Inspe	ection , Ir	nquiry [and in	my apinian
se e cranda de la	dec	th resulted fram:	Natural co	uses XX, A	ccident	Suicide 🗍	, Hamicid	le [],	Undetermined	manner		
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ITY, leral be real pri	SIGNAT		0 41	Church		271,12	ASSISTANT MEDICA DEPUTY MEDICA		to make the	22b. DATE	nber 1,	1968
TO DEPUTY SICAL E necessary, please exert the funeral director. Pa 5 may be retained far 0 FUNERAL DIRECTOR: Health priar ta burial,	EXAMII NAME	7 1	d N Kon	nblum, M	D		ADDRESS (Street			repres	moer Ta	1900
10 F	23o. BURIAL,	CREMATION. 23	b. DATE			OR CREMATORY		23d. L	OCATION (City or To	wn)	(Caunty)	(Stote)
	B1	l (Specify) Urial	9-4-68	Mt	ADDRESS	t		Wa	shington	D. C		
VR A15ME (5)	24. FUNERAL	DIRECTOR OF	4748		PIO DICE ST		25o. RECT	D BA KEGIS	TRAR 256. R	EGISTRAR'S	SIGNATURE	48
10M REV. 1/68	Mar	us jule	wast	lington D		1 - 11 -	DATESE	P 4	1968	Loven	0	

